

Example of GPs script:

Patient contribution

Okay, and this is the main thing you're here about; was there anything else that you wanted to talk about today?

ICE

Between you and the physiotherapist, what do you think you've done?

But he hasn't suggested anything else.

With you coming here today, were there any thoughts about what was - what might be happening that's stopping it from getting better?

With coming here today, did you have any particular thoughts about what you were hoping I would do for you today?

And between your chats with the physio and, or with anyone else, had anyone else suggested that you need to get such, and such done?

Does he have any thoughts about what we should be doing about it?

Just want to get better?

PSO

So, it's - so it's impacting on your activities?

Work wise?

Home life?

Who's at home with you?

Red flags

You're well in yourself?

Is your blood pressure alright?

Can I double check- you've never had problems with your blood pressure at all?

You get no irritation in your stomach when you take the ibuprofen?

So it's okay to be taking that sort of thing.

Focussed history

No problems with your other joints at all?

Can I just check, there's nothing else that might be behind all of this? You've never had problems with your joints before, nothing in your family, you're not double jointed or anything like that?

No, okay. But its only that joint that's ever been a problem?

Are you using any painkillers or anything like that?

Focussed examination

Let me have a look at it today, if that's okay?

Do you mind me comparing that with the other side?

If you slip your shoes and socks off on both sides that would be really helpful. So, as I watched you when you were walking in, you walked in comfortably, with a normal walk and you're not limping at all.

Okay. There's no obvious swelling, looking at the ankle at the moment.

Yeah. Okay. So, in terms of the stability of the joint at the moment, so no problems in terms of standing on your tiptoes? You can push your weight—push, push, push. So, Achilles is absolutely fine.

This area here?

That's interesting, because it's not at all tender when I'm pressing at the moment, is it?

Okay, good, good. If I press against the bones in your foot, they all seem fine – particularly the ones which are linked to the ligament, and when you went over, you went over...

This way, which is an inversion injury of the ankle, which tends to rip the ligament supports of the ankle.

Now if I pull the ankle forward, then the ankle's very stable, and then if I put some stresses on the ankle to check the ligaments of the ankle – first of all, the inside ligament supports of the ankle, they're fine. And then if I invert the foot...

Not comfortable?

It's not agony?

So you're getting some pain there, rather than here?

So there's not crepitus, there's no grinding when I'm moving your ankle about there, and it's got a good range of movement in the ankle itself, so it feels okay. Okay. Okay, that's really helpful. Okay, lovely. If you want to put your shoes and socks back on now.

Identify problem and explain diagnosis

I think neither of us are thinking that there's a broken bone that's causing problems.

I think both of us are concerned that that ligament's taking a bit longer than you'd like to get better.

I guess the blood supply to ligaments are pretty poor, and for things to take six weeks to get better in a ligament is not surprising.

And then if you injure it again, it tends to tweak, and it tends to pull the fibres of the ligament, and it tends to bruise again, and it's really painful.

From the looks of that picture that you showed me before, you had a lot of bruising, and therefore the chances are that you did have a significant sprain – a tear – of that ligament, and it's just taking a long time to fix.

Check understanding

Does that all make a bit of sense?

Does that sound okay?

Anything else you want clearing up today?

Develops management plan / shares management plan

And quite often if we're thinking that you might need further investigation, including an MRI scan, that sort of thing, or an opinion from a specialist with regard to joints - they're capable of doing that referral to push things further.

So what we do to enhance that healing to allow you to get back to your normal activities as quickly as possible. Well, I'm thinking probably that you're doing all the stretching exercises that you should be doing anyway, because the physio's teaching you to do those.

It might well be that the physio would want to do an MRI scan to look at those ligaments and make sure there's nothing that's getting in the way of that healing process, and he may also want to ask for a second opinion from an orthopaedic surgeon to say that we've done this MRI scan, what else do we need to do to make sure that this minimises any future disability for you.

It might be slightly safer for you to use the rub-on version of ibuprofen.

So Algesal or ibuprofen gel, which you can buy over the counter. You can put those on as often as you like – that's safer and probably as effective.

So that's worthwhile doing. And those balancing exercises are crucial to allow you to have good mobility in your ankle.

I'm thinking we're probably not going to do an x-ray at the moment, we'll leave it maybe to the physio to organise an MRI scan.

Safety net and follow up

But if you need me to do a second referral to the physiotherapy department to facilitate that, I'm really happy to do that.

Just give me a telephone call about it.

But, I mean like I say, he said at the last one, he thought—he was going to sign me off, but then he said I need to come back so, I'm sure—

Because he's seeing you about the same problem, then probably he doesn't need another referral from me, but if it's helpful for me to do that then I'm happy to talk to him or to do another referral to allow him to—to investigate you further, to do a scan or to get a second opinion from one of his specialist colleagues.

How shall we leave things today?

Yeah, and you're okay at work?

Yeah. If you can't—yeah, so this is, in terms of safety for the things that you normally do, clearly, you're safe to drive now, aren't you?

You're able to do an emergency stop and all that sort of stuff?

But if you can't bear weight on it, we need to see you urgently. Then we would consider - so, because you're mentioning pain in your Achilles tendon, your Achilles feels okay today, and your calf feels okay as well. But, if all of a sudden, out of the blue, you feel a tremendous pain in your Achilles and you can't stand on your tiptoes, you need to be seen in a fracture clinic or here straight away.

To make sure that you've not ruptured your Achilles. But this all sounds ankle support based.

So, we're very happy to - if you're not feeling that you're making progress with this, and the physiotherapist hasn't facilitated anything, give me a telephone call.

Within the next two to four weeks, to let me know how you're progressing.

Monday through Thursday is the best time to get in touch with me, and then I can always call you back.